## Please Direct All Correspondence to Customer Number 20995

APR 2 9 2005

## AMENDMENT / RESPONSE TRANSMITTAL

Applicant

Henry Hsu et al.

App. No

10/722,313

Filed

November 25, 2003

For

MAGNETORHEOLOGICAL FLUID

COMPOSITIONS AND PROSTHETIC

KNEES UTILIZING SAME

Examiner

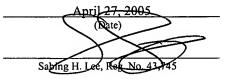
Carol M. Koslow

Art Unit

1755

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on



## Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- Amendment in 22 pages. (X)
- Two (2) Sheets of Replacement Drawings. (X)
- An Information Disclosure Statement in 1 page. (X)
- A PTO/SB/08 Equivalent with four (4) references listed and enclosed. (X)
- Submission of Deficiency Payment under 35 U.S.C. § 1.28(c); deficient filing fees (X) and deficient claim fees for 26 additional claims are included.

The fee has been calculated as shown below:

FEE CALCULATION								
FEE TYPE						FEE CODE	CALCULATION	TOTAL
Total Claims	71	-	46	=	25	1202 (\$50)	25 x 50 =	\$1,250
Independent Claims	4	-	3	=	1	1201 (\$200)	1 x 200 =	\$200
1 Month Extension						1251 (\$120)		\$120
Deficiency Payment								\$1,471
			•				TOTAL FEE DUE	\$3,041

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above. 05/02/2005 MAHMED1 00000042

01-EC:1001\_ 02 FC:1201

790-00-0P <del>-200:00-0</del>P

-2550.00-0P 03 FC:1202

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- (X) A check in the amount of \$3,041 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Sabing H. Lee

Registration No. 43,745 Attorney of Record

Customer No. 20,995

(949) 760-0404

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